

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000983

DO NOT WRITE
ON THIS STUB

AMENDED FILED

Registration District No.

104

Primary Registration District No.

4176

Registrar's No.

3

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

DUNKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

MALDEN, MO.

Length of stay in 1b
32 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

DUNKLIN

admission)

c. CITY
OR
TOWN

MALDEN

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

R.R. YARDS

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS
(If outside, give location)

301 N. DOUGLASS

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
BENJAMINMiddle
JOSEPHLast
MILLER4. DATE
OF
DEATH

Month

Day

Year

JAN. 16, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-27-96

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Railroad Employee

10b. KIND OF BUSINESS OR INDUSTRY

R.R.

11. BIRTHPLACE (City and state or country)

ILLMO, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOSEPH MILLER

13b. MOTHER'S MAIDEN NAME

KATIE BRENEHEISER

14. NAME OF HUSBAND OR WIFE

NORENE MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCE
(Yes, no or unknown) (If yes, give war or dates)

WW I

17. INFORMANT

NORENE MILLER, MALDEN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Myocardial infarction -
Coronary Artery Occlusion.INTERVAL BETWEEN
ONSET AND DEATH

instant

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-13-1957 to 1-16-63 and last saw her alive on 9-17-62
Death occurred at 2:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or Title)

22b. ADDRESS

Malden, Mo.

22c. DATE SIGNED

1-18-63

23a. BURIAL, CREMATION
REMOVAL (Specify)

BURIAL

23b. DATE

1-18-63

23c. NAME OF CEMETERY OR CREMATORY

Dexter City Cemetery

23d. LOCATION (City, town, or county)

DEXTER, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

DAY & KNIGHT F.S. MALDEN, MO.

25. DATE RECD. BY LOCAL REG.

1-19-1963

26. REGISTRAR'S SIGNATURE

J. E. Khouran

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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0356

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JAN 28 1963

FEB 28 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

0-1P

Student _____
Signature of Student Embalmer

Signed J. J. Shaverman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.